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BOX PATENT APPLICATION
Assistant Commissioner for Patents
Washington, D.C. 20231

Date: May 20, 2000
Atty Docket No: 102689-5/00-U0003

Sir:

Transmitted herewith for filing is the patent application of:

Inventor(s): Joseph D. Kidder and Daniel J. Sullivan, Jr.
Entitled: CONFIGURABLE FAULT RECOVERY POLICY FOR A COMPUTER SYSTEM

Enclosed are:


- ☒ Patent application (including 84 sheets of Specification; 1 sheet of Claims (Claims #1 - 4); 1 sheet of Abstract; and 41 sheets of ☒ informal ☐ formal drawings (one set) (FIGS 1-10, 11a, 11b, 12-15, 16a, 16b, 16c, 16d, 17-30, 31a, 31b, 31c, 32a, 32b, 32c, 33a, 33b, 33c, 33d, 34a, 34b and 35-39);
- ☒ Title Sheet for Patent Application;
- ☒ Declaration and Power of Attorney (☒ executed ☐ unexecuted);
- ☒ Verified Statement Claiming Small Entity Status;
- ☐ Information Disclosure Statement (w/Form PTO-1449 and copies of referenced documents);
- ☒ Assignment (w/Recordation Sheet) of the invention to Equipe Communications Corporation will follow shortly;
- ☐ Check in the amount of \$40.00 representing Assignment Recordal Fee;
- ☒ Check in the amount of \$ 345.00 representing filing fee based on
☐ large entity status ☒ small entity status;
- ☒ Bibliographic Data Sheet; and
- ☒ Postcard receipt.

CLAIMS FILED:	MINUS BASE:	EQUALS EXTRA CLAIMS:	RATE:	BASIC FEE \$ 690.00
Total: 4	20	0	x \$ 18.00	\$ 0.00
Independent: 1	3	0	x \$ 78.00	\$ 0.00
Multiple Dependent Claims (1st presentation)			\$260.00	\$
SUBTOTAL FILING FEE				\$ 690.00
Small Entity filing, divide by 1/2 (Note: Verified Statement must be attached)				\$ 345.00
TOTAL FILING FEE				\$ 345.00

- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 141449.

SUBMIT IN DUPLICATE

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Sheet 1 of 2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Kidder and Sullivan, Jr.

ATTORNEY DOCKET NO:102689-5/00-U0003

APPLICATION NO: N/A

EXAMINER:

FILED HEREWITH

GROUP NO:

ENTITLED: CONFIGURABLE FAULT RECOVERY POLICY FOR A COMPUTER SYSTEM

STATEMENT CLAIMING SMALL ENTITY STATUS

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

THE UNDERSIGNED STATES:

Exclusive rights in the above-identified invention reside in the "small entity(ies)" defined and named below, and "small entity" fees are appropriate. Qualification as a small entity is based upon the statement(s) below:

SMALL BUSINESS CONCERN

The below-identified small business concern qualifies as a small business as defined in 13 C.F.R. § 121.3-18, and reproduced in 37 C.F.R. § 1.9(d), for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, in that the number of employees, including those of its affiliates, which does not exceed 500 persons, and it has not assigned, granted, conveyed or licensed, and is under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

Concerns are affiliates of each other when, either directly or indirectly, one concern controls or has the power to control the other, or a third party controls or has the power to control both. The number of employees of the business concern is the average over the fiscal year of the persons employed during each of the pay periods of the fiscal year. Employees are those persons employed on a full-time, part-time or temporary basis during the previous fiscal year of the concern.

The undersigned acknowledge(s) the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 C.F.R. § 11.28(b)).

Name of Small Entity:

Address of Small Entity:

Name of Person Signing:

Patricia Davis

Title of Person Signing:

Corporate Counsel

Signature: (Please sign and date in permanent ink.)

Date signed:

x

x